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Line Gauthier	(Depositor's name)
Mino Denellun	(Signature)
January 14, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/787,964	06/25/2001	Lynette B. Corbeil	041673/2048	1088

TITLE OF INVENTION: VACCINE BASED ON ATTENUATED HAEMOPHILUS SOMNUS

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1330		\$0	\$1330	02/09/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
NAVARRO, ALBERT MARK		1645		424-093100	_	
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGN Regents o	tion (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO E s an assignce is identified be ed to the USPTO or is being VEE	Correspondence tion form e of a Customer BE PRINTED ON T clow, no assignee da submitted under sep	names of up agents OR, a firm (having agent) and th attorneys or a will be printed. HE PATENT (p tat will appear o arrate cover. Cor) RESIDENCE:	rint or type)	attorneys or c of a single d attorney or istered patent ted, no name 3 assignce data is only appropria of a substitute for filing an assource of the contract	y & Lardner atc when an assignment has ignment.
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Corbeil, et al.

Title:

VACCINE BASED ON

ATTENUATED

HAEMOPHILUS SOMNUS

Appl. No.:

09/787,964

Filing Date:

09/25/1999

Examiner:

Albert Mark Navarro

Art Unit:

1645

Batch No.:

1088

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Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$695.00 for payment of the Issue Fee and ten additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

Date 1-13-04

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